

# **EVALUATION**

## **EVALUATION OF NHCPC**

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## **EVALUATION**

### **EVALUATION OF NHPC**

The Nebraska HIV CARE and Prevention Consortium (NHPC) employs several mechanisms to gather information and evaluate the Consortium and the needs of its membership. The Assessment and Evaluation Committee of the NHPC plays a significant role in the evaluation process.

The following table identifies the tools that are used as part of the evaluation process for the Nebraska HIV CARE and Prevention Consortium. Goals and objectives developed for the NHPC utilize SMART - Specific, Measurable, Achievable, Relevant, and Time-bound. It is through this method that NHPC members monitor the effectiveness of the community planning process in the State of Nebraska.



<b>Evaluation Tool</b>	<b>Purpose</b>	<b>Responsible Entity</b>	<b>Event / Time When Used</b>
Membership Skills Inventory	To identify the expertise, knowledge, and experience of new members, enabling the best fit for standing committee assignments.	Membership Committee	New Member Orientation
New Member Orientation Evaluation	To provide new members with an understanding of the community planning process, the Ryan White CARE Act, and the purpose of the NHCPC. Furthermore, it ensures the NHCPC membership has a clear understanding of their roles and responsibilities, abides by the bylaws and operational guidelines, and ensures the ongoing collaboration between the HHS HIV Prevention/Ryan White Programs and the NHCPC.	Membership Committee	New Member Orientation
NHCPC Exit Survey	To provide feedback to the NHCPC regarding opportunities for perceived/needed changes in the operations of the NHCPC, as well as opportunities for improving working relationships between the NHCPC, the Community Planning Groups, and the HHS HIV Prevention/Ryan White Programs staff.	Assessment & Evaluation Committee State Liaison	When membership term is complete, when a member resigns from service, or when a member is found to be in violation of the Code of Conduct or in violation of the signed Disclosure of Conflict
CDC Community Planning Survey	To assess the effects of community HIV prevention efforts in Nebraska and to fulfill a CDC reporting requirement.	Assessment & Evaluation Committee	Annually
NHCPC Member Profile	To assess the NHCPC membership demographics and to fulfill a CDC reporting requirement.	Assessment & Evaluation Committee	Annually
Educational Needs Assessment	To obtain identified training needs of the NHCPC membership, thus strengthening the capacity building ability of each represented Community Planning Group.	Assessment & Evaluation Committee	Annually

<b>Evaluation Tool</b>	<b>Purpose</b>	<b>Responsible Entity</b>	<b>Event / Time When Used</b>
Technical Assessment Needs	To identify technical skills needed to strengthen capacity building ability of each represented Community Planning Group.	Assessment & Evaluation Committee	Annually
NHCPC Meeting Evaluation	To assess the effectiveness of the organization and management of each NHCPC meeting and to allow for the identification of agenda items for the next meeting.	Assessment & Evaluation Committee	Quarterly NHCPC meeting
Priority Population Intervention Evaluations	To assess the effectiveness of the selected interventions for each of the identified priority populations within the State of Nebraska.	Assessment & Evaluation Committee Intervention Committee	Annually
Public Information Evaluation	To identify and document the review of proposed educational materials to assist the Materials Review Panel in fulfilling a CDC requirement, to document discussion of media and education that is made available to communities, record recommendations for educational materials, and record discussion and action steps to take in the development of a public information plan.	Public Information Committee	Quarterly NHCPC meeting
CARE Services Evaluation	To assess the effectiveness of Ryan White Program goals, standards, and services in meeting the service needs of clients, when observing monthly expenditures of direct emergency assistance, case management reports, client needs assessments, and HOPWA updates.	CARE Services Committee	Quarterly NHCPC meeting

Evaluation Tool	Purpose	Responsible Entity	Event / Time When Used
Nebraska HIV Annual Surveillance Report	To monitor disease trends within the State of Nebraska, to identify any new population groups being infected with HIV, and to provide a statistical marker as to the effectiveness of the NHCP efforts in decreasing the further spread of HIV within the State of Nebraska.	NE HIV Disease Surveillance Officer	Annually
Performance Evaluation Monitoring System (PEMS)	Comprehensive web-based program evaluation monitoring system that collects a comprehensive and standardized set of data variables which will provide: detailed reporting of HIV prevention activities; client level data including demographics, risk, behavioral data and service utilization; detailed fiscal information; community planning data including priority populations, intervention and membership characteristics; and performance indicators	HIV Prevention Program	Ongoing

## OVERALL PLAN FOR NHCP

### Community Planning Goals and Objectives

Short and long term goals and measurable objectives for HIV prevention in defined target populations.

### Community Planning Infrastructure/Organizational Goals and Objectives 2004-2008

***GOAL #1: Nebraska Health and Human Services, HIV Prevention and Ryan White Programs will ensure that a comprehensive community based process is operational for addressing the HIV/AIDS CARE and prevention needs of Nebraska.***

- Objective 1: The Nebraska HIV CARE and Prevention Consortium (NHCP) will meet four times each calendar year, in an advisory capacity to Health and Human Services (HHS), HIV Prevention and Ryan White Programs, as set forth in the Consortium bylaws.
- Objective 2: Annually, evaluate the effectiveness and appropriateness of approved interventions for identified priority populations in the State of Nebraska.
- Objective 3: Annually, conduct a review of case management and Ryan White services in the State of Nebraska.
- Objective 4: By March 1, 2007, conduct focus groups addressing the education needs in the State of Nebraska for the following communities:
- colleges/universities
  - general public in each community planning group region
  - Native American
  - high risk heterosexual females, particularly African American and Latino women
  - school nurses
  - school health educators
- Objective 5: Annually, an educational needs assessment and an assessment of the need for technical assistance will be conducted with the NHCP. From these assessments, capacity building and other training opportunities will be prioritized by NHCP members. The following table outlines the capacity building plan for 2005-2007.

MEETING MONTH & YEAR	CAPACITY BUILDING OFFERED
April 2005	Adapting or replicating effective interventions linked with behavioral theory
July 2005	Advocacy issues/empowerment
April 2006	Developing and maintaining cultural sensitivity linked with developing cultural competence and linguistic appropriateness in intervention activity
July 2006	Wrap-around services for positives linked with community assessment
April 2007	Using prioritization strategies for identifying target populations and interventions
July 2007	Program evaluation linked with evaluation of community programs

**GOAL #2: Nebraska Health and Human Services, HIV Prevention and Ryan White Programs will support parity, inclusion, and representation in the community planning process.**

- Objective 1: The HIV Prevention and Ryan White Programs will support the planning process through the provision of travel, meals, lodging, and limited training opportunities to members, as needed, to ensure broad representation and member involvement in the process.
- Objective 2: Annually, the HHS Community Planning Coordinator will attend no less than two meetings of each community planning group.
- Objective 3: On an ongoing basis, the HIV Prevention and Ryan White Programs will provide technical assistance to meet the needs identified by the NHCP and its community planning groups, standing committees, and/or ad hoc committees.
- Objective 4: Annually, the HIV Prevention and Ryan White Programs will support the participation of at least two community representatives to attend the annual HIV Prevention Leadership Summit.
- Objective 5: By December 31, 2006, the HIV Prevention Program, in conjunction with NHCP, will explore a mechanism to include youth in the NHCP.

**EDUCATIONAL AND TECHNICAL ASSISTANCE NEEDS**

At the February 2004 NHCP meeting, assessments of the educational and technical assistance needs of the NHCP members were completed. The following table identifies the training needs, listed in order of importance.



## ~EDUCATIONAL NEEDS~

<b>Intervention Design, Development, Implementation, and Evaluation</b>	▪ Conducting population-based needs assessments
	▪ Adapting or replicating effective interventions
	▪ Developing cultural competence/linguistic appropriateness in intervention activity
	▪ Indicators as measurements of progress/success
	▪ Developing curricula
	▪ Integrating services
<b>Community Capacity Building for HIV Prevention</b>	▪ Developing networks, partnerships and coalition building, and maintenance
	▪ Developing community leadership
	▪ Developing and implementing strategies for community needs assessments
	▪ Developing community mobilization strategies
	▪ Conducting a community resources inventory
<b>HIV Prevention Community Planning Effectiveness and Participation</b>	▪ Developing and maintaining cultural sensitivity
	▪ Skills in conflict management and negotiation
	▪ Using prioritization strategies for identifying target populations and interventions
	▪ Understanding the community planning guidance and process
	▪ Using data for decision-making

## ~TECHNICAL ASSISTANCE NEEDS~

<b>CARE Services</b>	▪ Federal expected outcomes/measures
	▪ Case management standards
	▪ Wrap-around services for positives
	▪ HOPWA
	▪ Title III Services
	▪ ADAP
	▪ Title II Services
	▪ Developing resources
<b>Community Work</b>	▪ Evaluation of community programs
	▪ Community assessment
	▪ Advocacy issues/empowerment
	▪ Identifying and working with community partners
	▪ Understanding health beliefs of cultures other than your own
	▪ Conflict resolution
	▪ Public information
	▪ Facilitation of groups
	▪ Team building
	▪ Identifying populations at risk in the community
	▪ Standards for cultural competence
	▪ Political advocacy
	▪ Social marketing
	▪ RFA process

	<ul style="list-style-type: none"> <li>▪ Epidemiology 101</li> </ul>
<b>HIV Prevention and CARE</b>	<ul style="list-style-type: none"> <li>▪ Prevention case management</li> <li>▪ Opportunistic infection update</li> <li>▪ Behavioral theory</li> <li>▪ Counseling, testing, and referral update</li> <li>▪ Evaluation of care and prevention programs</li> <li>▪ Substance abuse and HIV</li> <li>▪ Identifying and dealing with barriers to care</li> <li>▪ Gay, lesbian, bisexual, and transgender issues</li> <li>▪ HARM reduction</li> <li>▪ STD and HIV 101</li> </ul>
<b>Organizational Infrastructure Development</b>	<ul style="list-style-type: none"> <li>▪ Grant writing</li> <li>▪ Organizational quality assurance</li> <li>▪ Program evaluation</li> <li>▪ Strategic planning skills</li> <li>▪ Effective internal communication</li> <li>▪ Effective external communication</li> <li>▪ Grant management</li> <li>▪ Financial management</li> <li>▪ Program marketing and public relations</li> <li>▪ Resource development</li> </ul>

In addition to the training needs of the Nebraska HIV CARE and Prevention Consortium, the regional and PLWA assessments identified that the communities in Nebraska need training about:

- HIV prevention and transmission,
- Developing a healthier view of sexuality
- Information that will help people understand that HIV/AIDS is in Nebraska
- Comprehensive sexuality education is needed in the school systems and churches
- Educational materials need to be culturally and linguistically appropriate

Technical assistance (TA) needs were identified by the NHCPC and the community planning groups. TA needs identified by these two groups included:

- Working with focus groups in communities
- Community mobilization
- Lobbying and political advocacy
- The process for identifying priority populations
- Developing interactive websites for PLWA and others seeking information and education about HIV/AIDS
- Working with the media
- Outreach for populations that are “hard to reach”
- Development of culturally and linguistically appropriate educational materials
- Evaluation

Additional TA needs identified during the regional assessments included:

- Working with rural communities to do HIV prevention education
- Assist communities and providers to understand that in order to stem the tide of this HIV epidemic, it takes everyone to work together to impact HIV prevention, because no community or population is immune to the HIV epidemic
- Assurance of confidentiality, especially in rural areas
- Capacity building for regional advisory groups
- Working with youth, faith communities, and schools to provide HIV prevention education

In addition, NHCP and HHS HIV Prevention and Ryan White staff will be working to develop plans to meet general education needs identified. Some of this may occur as part of the Health Communications/Public Information efforts during the next four years, while other approaches may consist of increased collaborations with other providers, such as the University of Nebraska Medical Center Health Education arm. Increased collaborations with major mental health and substance abuse providers will be targeted.

## **CONTINUAL MONITORING AND EVALUATION**

HHS and the NHCP support broad-based community participation in HIV prevention planning. Through this process, priority prevention needs are identified for established target populations. HHS and the NHCP ensure prioritized populations are based on an epidemiologic profile and a community services assessment. In addition, HHS and the NHCP ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended populations for cultural appropriateness, relevance, and acceptability.

## **POTENTIAL FUTURE OPPORTUNITIES**

There is a need for further education about HIV prevention and care in all areas of the state, but especially in rural Nebraska. Efforts are underway to provide educational opportunities in the communities of Nebraska and for professionals that serve persons impacted or affected by HIV. Continued integration by the HHS HIV Prevention and Ryan White Programs, along with the Hepatitis Prevention Program, STD Program, Department of Education, Office of Minority Health, Office of Rural Health, Office of Public Health, Office of Family Health, Office of Women's Health, and city/county/district health departments, is critical for ensuring the State of Nebraska combats health issues in a comprehensive manner. The utilization of existing infrastructures is also essential in fighting stigma associated with public health services.

Evaluation capacity continues to be built to enhance the ability of both providers and funders to determine the most effective approaches to prevention and care services. With dollars limited from all sources, targeted funding of truly effective interventions becomes more critical to ensure progress toward the goal of reducing transmission of HIV.